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ABSTRACT

This paper reviews case reports of parents as behavior therapists for their children. The studies are summarized by presenting problems; the subject's age, sex and birth order; and modification technique, number of sessions, setting, outcome, and followup, and in particular, erroneously identifying the child's behavior rather than the parental behavior as the primary target for change. Suggestions are made for improvements in reporting that would make the results of these studies more valuable to the field. (Author)

"MOTHERS, WE'D RATHER YOU DO IT YOURSELF"

A review of parents as behavior therapists for their children

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A review of case reports of parents as behavior therapists for their children. The studies are summarized by presenting problems; the subject's age, sex and birth order; and modification technique, number of sessions, setting, outcome, and followup, and in particular, erroneously identifying the child's behavior rather than the parental behavior as the primary target for change.

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Presented at Rocky Mountain Psychological Association, Denver, Colorado, May 14, 1971.

The purpose of the present study is to critically review and to summarize the characteristics of the case reports of parents as behavior therapists for their children and to offer suggestions for improvements in reporting that would make the results of these studies more valuable to the field.

The use of parents as behavior therapists for their children is a relatively new concept in the psychological literature. Psychoanalytic therapists have been using parents as aides in treatment of their disturbed children for many years (Freud, 1909), but the use of parents as therapists in behavior therapy did not start to appear in the literature with any regularity until 1964.

There appear to be numerous advantages to the use of parents as behavior therapists such as: (1) the behavior of the parent toward the child can be observed; (2) the suggestions made by the therapist to the parent can be observed and can be corrected immediately if necessary; (3) an objective record can be kept of behavior changes over short periods of time in order to better judge the effectiveness of the treatment; and, (4) ultimately, it is the parental environment which must maintain the child's behavior, and behavior reinforced in the clinic by a therapist is vulnerable to extinction if parents do not provide the contingencies to maintain them or conversely if behavior extinguished in a clinic receives parental attention, it is likely that the problem behavior will be reinstated. As Wahler, Winkel, Petersen and Morrison (1965) have stated, "If some of the child's behavior is

considered to be deviant at a particular time in his early years, his parents are probably the source of eliciting stimuli and reinforcers which have produced, and are currently maintaining the behavior. A logical procedure for the modification of the child's deviant behavior would involve changing the parents' behavior. These changes would be aimed at training them both to eliminate the contingencies which currently support their child's deviant behavior, and to provide new contingencies to produce and maintain more normal behaviors which would compete with the deviant behavior."

Our review of the literature was prompted by a number of questions concerning methodological and reporting characteristics of this group of studies. One of the issues raised was; who is the proper subject for study, and to whom does the therapist directly apply modification techniques, the parent or the child? In addition, a variety of errors of omission occur such as lack of adequate reporting of family characteristics and inadequate followup. Hopefully, this review will lead to improved clarification and specificity of reporting in future studies so that the methods, techniques and training procedures for using parents as behavioral trainors with their children will be more available for replication and application by other workers.

PROCEDURE: The literature was reviewed from 1959 through 1970. All studies in which the mother or both parents had primary responsibility for carrying out some behavior modification procedure with their child were included.

The reports were summarized by age, sex and birth order of subjects, presenting problem, modification technique(s) used, outcome, number of sessions, follow-up, and setting.

RESULTS: A total of 21 studies involving 28 subjects from eight journals met the criteria of being case reports involving parents applying a behavior modification technique to their child. The characteristics these case reports indicate are presented in Table I.

TABLE I

Summary of Case Reports

Age and Sex	N	Mean Age	Age Range
Males	22	5.0	21 months-8 years
Females	6	4.5	19 months-8 years
Total	28	4.9	19 months-8 years

Birth Order	Male	Female	Total
First born	5	2	7
First born (only child)	3	1	4
Second born	2	0	2
Third born	2	1	3

Missing Data: 11 Studies

Presenting problem N=26

Behavioral excesses (Tantrums, biting, hyperactive, etc.)	13
Behavioral insufficiency (lack of co-operation, constipation)	13

Setting	N
Home	8
Home and treatment (hospital, clinic)	5
Home and laboratory	2
Non-home (clinic only, etc.)	6

Number of contacts*	Range	Time Span
	5-50	15 days-2years

*Because of variability in reporting; e.g. number of sessions, number of days, length of session, impossible to accurately summarize amounts of contact

Reinforcement (N=22)	Positive	Negative*	Both	Indeterminate
	8	3	10	1

*All time out, or ignoring

Type of positive Reinforcement (N=21)	Tangible	Social	Both
	2	9	10

Follow-up (N=26)

Mean length	8.9 months
Range	24 days - 2 years
With follow-up	N 11
Without follow-up	15

Outcome	Improved	Unchanged or Worse
	100%	0%

The children involved as targets of the behavior modification efforts of their parents were on the average young, an average of five. The majority are male (22 vs. 6). A common sex difference ratio reported for behavior problems.

The presenting problem as described in the articles were equally distributed between parental complaints of excessive behavioral frequencies, such as scratching, biting, swearing, temper tantrums, etc., and insufficient behavioral occurrances such as lack of cooperative

behavior, inactivity, lack of toilet training, etc. Clearly the directional aspect of the unacceptable behavior is arbitrary since most are reversable as one can either complain of excessive lying or insufficient truthing. The distinction is probably trivial except when the author emphasizes the difference in such a fashion that it is the justification for suppressive approaches as opposed to strengthening a competing response.

The setting in which behavior modification attempts were carried out varied from home alone, home in combination with clinic, hospital or laboratory, to non-home setting entirely. The variation was in many cases apparently determined by situational circumstances or the inclinations of the professional and did not neccessarily reflect the severity of the behavioral disturbance. In some cases the intensity of the behavior was crucial as in the case reported by Wolf, Risley and Mees, (1964).

The procedures employed were exclusively operant based and most frequently employed positive reinforcement involving both tangible and social contingencies or a combination of positive and negative consequences with negative contingencies limited to time outs and ignoring. In only three cases were extinction procedures used alone.

Astonishing enough the out come for all subjects in all reports was positive; significant improvement in all cases. Unfortunately, the mean follow-up of ~~8 years, 9~~ 5.9 months is skewed by three studies with a commendable follow-up of two years. However, the 15 out of 26 studies which reported no follow-up particularly limit the usefulness of the entire body of reports.

Discussion.

The majority of the studies fail to delineate adequately familial and environmental characteristics in which the behavior modification techniques are taking place. Familial characteristics of interest would include information such as parental education, occupation, age, presence or absence of siblings and other adults (grandparents, uncles, aunts) in the family unit, approximate family income and religious and ethnic group. Environmental characteristics would include items such as a physical description of the home and neighborhood (school if applicable), does the child have his own room or is it shared with siblings or other family members, and presence or absence of toys, books, TV, etc. By describing both the familial and environmental characteristics, studies might be replicated with more facility thereby ~~altering~~ allowing for future generalization to wider populations and expanded usefulness to practitioners in the fields. Currently, the authors would not recommend attempting many of the techniques explicated in the literature with hopes of complete success, with low income or minority group children as work with this group has not been reported in the literature. Since most of the studies surveyed do not give adequate descriptions of family and environmental characteristics the authors are actually somewhat hard put to recommend any group of children in particular to whom these techniques could be confidently applied. In a sense, each case still begins anew with relatively little specific help from existing reports.

Only one of the studies surveyed, (Holland, 1969), used the father as the behavior therapist with his son and very few other studies mentioned the paternal role or if the father was involved at all. If it is the

case that fathers were not given some training in, or information about, behavior modification techniques then it seems obvious that this condition should be rectified in future applications. If, on the other hand, fathers were part of the behavior modification program and were just not the major therapist, then this information should be reported. In either case, current literature in the field appears to give no mention of the role of the father in the modification program and when he is mentioned it is done so briefly as to make him appear as a visitor in his own home.

A more critical issue is raised by the almost total lack of data on the specific procedures used to train parents. In most instances, the training was mentioned to a degree which was the title of the study, but not sufficient to allow other behavior therapists to replicate the study or to use it as a prescription with their clients. There is also a general lack of observational data on parental behaviors in either the original or follow-up situations. This situation provides no data on which to base the efficacy of the training procedures, nor is there data to provide support for the assumption that the parents in fact behaved differently toward their children.

Fifty seven percent of the studies surveyed show that the parents are the cause or maintainers of undesirable behavior in their children. A few examples of this are: "mother is insecure, dependent,... periodic episodes of impulsive and violent outbursts, beats child severely," (Shah, 1967); "scratching behavior is a function of mothers attending behavior," (Allen and Harris, 1966); "immediate goal of treatment was to reduce parental pursuit and restraint and to increase parental reward

for desired behavior in the child," (Johnson and Brown, 1969). It seems clear that the child has been mislabeled as the subject in these studies and ~~if~~ it would be more appropriate to openly label the parents as subjects. The parents are reportedly being trained as behavior therapists to enable them to train their children and in the majority of instances the parent maintains or causes their child's maladjustive behavior. Once the parents are trained, guided, counseled or whatever in how they are maintaining their child's behavior, then miraculously, the child ceases to be a problem. It is, of course, interesting to speculate on the 43% of the studies which do not give adequate parental characteristics to enable one to determine whether or not the parents are causes or maintainers of their childrens maladaptive behavior but the authors would speculate that much the same would be found to be true in these 43% ~~and~~ in the 57% that specifically point out the parents as being the non-adjusted people in the family situation rather than the child.

Whether or not the parents evidence behavioral disturbance, they are clearly the target of the professional's behavior modification efforts; the child is the parents' target. If this distinction were made in the literature, it seems additional and more useful information might be included in the reports.

There were two studies surveyed in the literature (Walder et al, 1969, and Salzinzer et al, 1970) which were not included in any of the tabular materials which are worthy of mention as models for future research. Walder et al. have devised a program to teach behavioral principles to parents of disturbed children in 16 weeks. Their program includes educational groups to teach parents principles of learning and to teach them to perform a functional analysis of behavior, individual consultation with parents

in a conventional psychotherapy or counseling setting, helping parents set up learning laboratories in their homes and introducing token economics into the home. The paper details types of materials used and the actual progression of topics leaving the reader with a clear impression of how such a program could be effectively carried out. The program devised by Salzinger et al., 1970, for parents of brain injured children appears to be very similar in content to the Walder et al. program with the addition of actual case materials and an attempt to find "Objective correlates of the parents' performance in carrying out the behavior modification programs and of the children's response to these programs." Success or failure in the program appeared to relate to the parent's level of formal education and to their performance on written tests of knowledge of operant conditioning. The authors do not feel that this conclusion is intended to mean that parents with low levels of formal education cannot be good behavior modifiers of their children but that perhaps a different approach than the ones discussed by Walder et al. and Salzinger et al., may be more effective in training parents with lower levels of formal education.

Summary:

While this review has focused on the shortcomings of the studies reviewed, it is recognized that a few reports were adequate, and in many cases it may be the editor rather than the author who is responsible. Nevertheless, if the practice of training parents for behavior modification is to continue, and is to be based on reports offered as models to be used by others, then it is clear that changes in conceptualization and improvement in data collection and reporting are necessary.

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